



3629B

Attorney's Docket No.: 59036-249737

Patent

Name of the Application of: Maggioncalda, et al.

(inventor(s))

Application No.: 09/904,707Filed: July 12, 2001For: User Interface For A Financial Advisory System That Allows An End User To Interactively Explore Tradeoffs Among Input Decisions

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ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

SIR: Transmitted herewith is an Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.  
 A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.  
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	OTHER THAN A SMALL ENTITY
	Claims Remaining After Amd.		Highest No. Previously Paid For		Present Extra		Rate	Additional Fee
Total Claims	* 76	Minus	** 33		43		X9	\$
Indep. Claims	* 17	Minus	*** 12		5		X42	\$
<b>First Presentation of Multiple Dependent Claim(s)</b>								
* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.						+140	\$	
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.						Total Add. Fee	\$	Total Add. Fee \$1194.00

\* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

on December 30, 2002

Date of Deposit

Debbie Peloquin

Name of Person Mailing Correspondence

Debbie Peloquin

Signature

December 30, 2002

Date

XX A credit card form in the amount of \$ 1194.00 is attached for presentation of additional claim(s).

XX Applicant(s) hereby Petition(s) for an Extension of Time of 1 month(s) pursuant to 37 C.F.R. § 1.136(a).

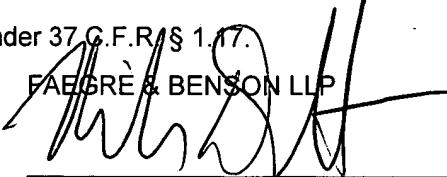
XX A credit card form for \$ 110.00 is attached for processing fees under 37 C.F.R. § 1.17. Please charge my Deposit Account No. \*\*\*\*\* the amount of \$ \_\_\_\_\_.

**A duplicate copy of this sheet is enclosed.**

X The Commissioner of Patents and Trademarks is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-0029 (**a duplicate copy of this sheet is enclosed**):

X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.

X Any extension or petition fees under 37 C.F.R. § 1.17.

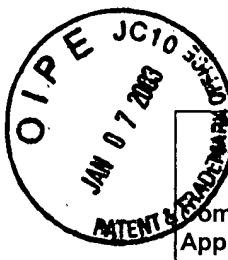


FAEGRE & BENSON LLP

Michael A. DeSanctis  
Reg. No. 39,957

Date: December 30, 2002

2500 Republic Plaza  
370 Seventeenth Street  
Denver, Colorado 80202



## FEE TRANSMITTAL FOR FY 2003

TOTAL AMOUNT OF PAYMENT (\$) 1304.00

Complete if Known:

Application No. 09/904,707

Filing Date July 12, 2001

First Named Inventor Maggioncalda, et al.

Group Art Unit 3629

Examiner Name Dixon, T.

Attorney Docket No. 59036-249737

### METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 06-0029

Deposit Account Name \_\_\_\_\_

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:  Check  
 Money Order  
 Other (Credit Card Form)

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### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1001	740	2001	370
1002	330	2002	165
1003	510	2003	255
1004	740	2004	370
1005	160	2005	80
		Utility application filing fee	_____
		Design application filing fee	_____
		Plant filing fee	_____
		Reissue filing fee	_____
		Provisional application filing fee	_____

SUBTOTAL (1) \$ \_\_\_\_\_

#### 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	- 20** = _____	X	= _____
Independent Claims	- 3** = _____	X	= _____
Multiple Dependent			= _____

\*\*Or number previously paid, if greater; For Reissues, see below.

#### Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description
Code	(\$)	Code	(\$)	Claims in excess of 20
1202	18	2202	9	Independent claims in excess of 3
1201	84	2201	42	Multiple dependent claim, if not paid
1203	280	2203	140	**Reissue independent claims over original patent
1204	84	2204	42	**Reissue claims in excess of 20 and over original patent
1205	18	2205	9	

SUBTOTAL (2) \$ \_\_\_\_\_

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	400	2252	200
1253	920	2253	460
1254	1,440	2254	720
1255	1,960	2255	980
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,280	2453	640
1501	1,280	2501	640
1502	460	2502	230
1503	620	2503	310
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	740	2809	370
1814	110	2814	55
1810	740	2810	370
1801	740	2801	370
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,280	1454	1,280
Other fee (specify) <u>Presentation of additional claims</u>			<u>1194.00</u>
Other fee (specify) _____			
<b>SUBTOTAL (3) \$ 1304.00</b>			

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**

Typed or Printed Name: Michael A. DeSanctis

Signature: \_\_\_\_\_ Date: December 30, 2002

Reg. Number: 39,957 Telephone Number: 303-607-3633

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